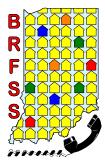
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Indiana BRFSS Newsletter



Indiana State Department of Health
Public Health System Development and Data Commission
Data Analysis

Anxiety and Depression in Adults Indiana 2006

Mental health is fundamental to overall health and productivity and is the basis for successful contributions to family, community, and society. Mental health problems and illnesses are experienced by one in five Americans and, if left untreated, can result in disability for families, communities, and the workplace (*Mental Health: A Report to the Surgeon General*).

Many health conditions and behaviors are not reportable; hence, prevalence data must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual random digit-dial telephone survey of adults aged 18 years and older. The survey is conducted through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). All 50 states and the District of Columbia participate.

The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Many times, respondents have the tendency to underreport behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use). Conversely, respondents may overreport behaviors that are desirable (e.g., nutrition, physical activity).

The information on anxiety and depression and health-related quality of life was obtained from the 2006 BRFSS survey. A joint effort between the Indiana BRFSS Program and the Division of Mental Health and Addiction in the Indiana Family and Social Services Administration resulted in the inclusion of the optional Anxiety and Depression module. Respondents were asked questions about symptoms, behaviors, and diagnoses related to anxiety and depression. Respondents were also asked questions about the number of days of poor mental health they had experienced in the past month.

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This article will focus on respondents who reported that they had ever been diagnosed with an anxiety or a depressive disorder.

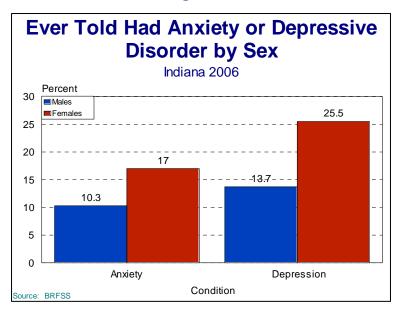
In describing racial differences in this article, "white" refers to white, non-Hispanic respondents and "black" refers to black, non-Hispanic respondents. The differences reported below are statistically significant (p<0.05) unless otherwise noted.

More respondents reported they had been diagnosed with depression than with anxiety. Overall, 19.8% of adults surveyed reported they had been diagnosed with a depressive disorder and 13.8% reported an anxiety disorder. Women were more likely to report they had been diagnosed with these conditions than men (see Figure 1.). Respondents aged 65 and older were less likely to report they had been diagnosed with anxiety than younger age groups, and respondents aged 18-24 and aged 65 and older were less likely to report they had been diagnosed with depression.

Anxiety

estimated 13.8% of respondents (614,000 adults) reported they had been with diagnosed anxiety. White respondents were more likely to report they had been diagnosed with an anxiety disorder than black Hispanic respondents (14.6% vs. 7.6% and 6.8%, respectively). Respondents aged 65 years and older were less likely to report they had been diagnosed with anxiety than younger respondents.

Figure 1



For respondents less than 64 years of age, there were no differences among age groups in the prevalence of anxiety. Respondents with less than a high school education were more likely to report they had been diagnosed than those who were college graduates (20.4% vs. 11.1%, respectively).

Respondents with household incomes less than \$15,000 were more likely than respondents in other income groups to report they had been diagnosed with anxiety.

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Respondents were also asked how many days in the past month their mental health (e.g., stress, depression, problems with emotions) was not good. Respondents who reported they had been diagnosed with anxiety were more likely to report days of poor mental health than respondents who had not been diagnosed with anxiety (see Figure 2).

Figure 2

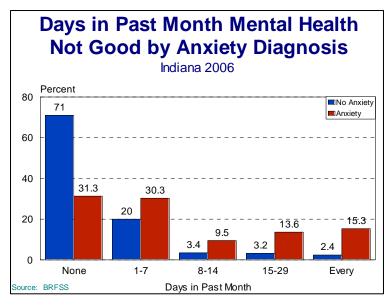
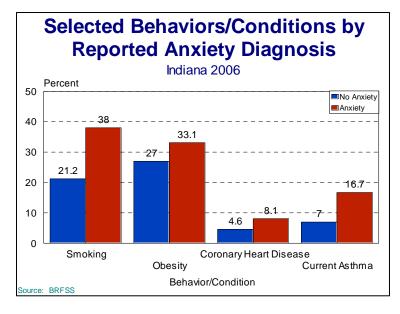


Figure 3



Respondents who reported they had been diagnosed with anxiety were more likely to report certain conditions and behaviors than respondents who had not been diagnosed with anxiety (see Figure 3). There were no differences for binge drinkina. heavy drinking, diabetes, and acute myocardial infarction (heart attack).

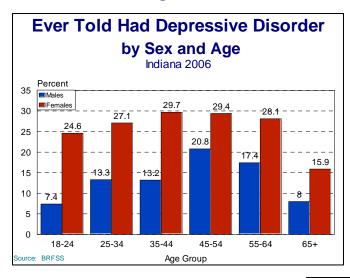
Depression

An estimated 19.8% of adults reported they had been told by a doctor or other health care provider that they had a depressive disorder (depression) (880,000 adults).

For each age group, females were more likely to report depression than males (see Figure 4).

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Figure 4



White respondents were more likely to report they had been diagnosed with depression than black or Hispanic respondents (21.1% vs. 10.8% and 9.4%, respectively). There were no differences among education levels for reporting a diagnosis of depression.

Figure 5

Days in Past Month Mental Health

Not Good by Depression Diagnosis

■No Depression

Every

Depression

13.6

15-29

Indiana 2006

Days in Past Month

When asked how many days in the past month their mental health (e.g., stress, depression, problems with emotions) was not good, respondents who reported they had been diagnosed with depression were more likely to report days of poor mental health than respondents who had not been diagnosed with depression (see Figure 5).

20 - 20 - - - - 9 3.4 3.4 None 1-7 8-14

31.3

30.3

Percent

71

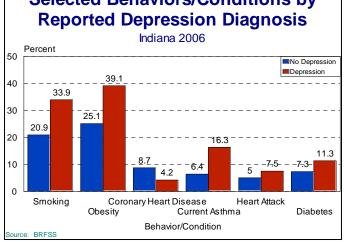
80

60

40

Figure 6

Selected Behaviors/Conditions by Reported Depression Diagnosis
Indiana 2006



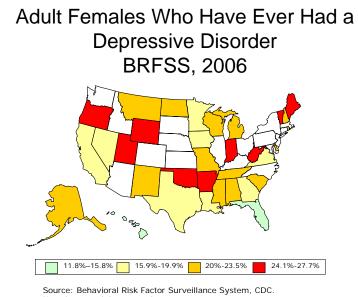
As with anxiety, respondents who reported they had been diagnosed with depression were more likely to report certain conditions and behaviors than respondents who had not been diagnosed with depression (see Figure 6). There were no differences for binge or heavy drinking.

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National Data

Overall, for the 34 states that utilized the Anxiety Depression module, 11.3% adults (128 million) reported that they had thev had been told disorder, anxiety with females reporting a higher prevalence than males (14.2% VS. 8.2%. respectively). The prevalence range for males was 6.2% (Hawaii) to 13.0% (Maine), while the range for females was 9.7% (Hawaii) to 22.1% (West Virginia).

Figure 6



Overall, 15.6% of adults (128 million) reported that they had ever been told they had a depressive disorder, with females reporting a higher prevalence than males (20% vs. 10.9%, respectively). The prevalence range for males was 5.8% (Hawaii) to 15.3% (Maine), while the range for females was 11.8% (Hawaii) to 27.7% (Oregon) (see Figure 6).

Females in South Dakota and Tennessee (67.2%) were the *most likely* to report that they had not experienced any days of poor mental health in the past month, while females in Utah (51.5%) were the *least likely* to report that they had experienced days of poor mental health in the past month.

For additional information on anxiety and depression, please visit the Indiana Family and Social Services Administration, Division of Mental Health and Addiction Web site at http://www.in.gov/fssa/dmha/index.htm.

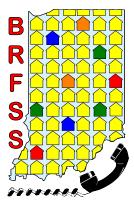




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FIND US ON THE WEB AT:

www.IN.gov/isdh/dataandstatistics/brfss/brfss_index.htm

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